

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
with Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Dock t Num b r

First Named Inv nt or

Dunay, D.

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Flexible, Adjustable Support Apparatus

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address below

Name Nancy A. Smith, Esq.

Name

Address 8 Glen Burnie Dr.

Address

City Sicklerville

State NJ

ZIP 08081

Country USA

Telephone 856-566-5638

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name David
(first and middle [if any])

Family Name Dunay
or Surname

Inventor's
Signature

Date 6/4/2001

Residence: City Laurel Springs

State NJ

Country USA

Citizenship USA

Mailing Address 104 Lincoln Drive

City Laurel Springs

State NJ

ZIP 08021

Country USA

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name James G.
(first and middle [if any])

Family Name Furniss
or Surname

Inventor's
Signature

Date 6/4/01

Residence: City Magnolia

State NJ

Country USA

Citizenship USA

Mailing Address 430 West Monroe Avenue

City Magnolia

State NJ

ZIP 08049

Country USA

☐ Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →



PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Michael J.		Prokapus	
Inventor's Signature	<i>[Signature]</i>		Date <i>6/4/01</i>
Residence: City	Magnolia	State	NJ
Country	USA		
Citizenship	USA		
Mailing Address 331 West Evesham Ave.			
Mailing Address			
City	Magnolia	State	NJ
ZIP	08049	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
John T.		Williams	
Inventor's Signature	<i>[Signature]</i>		Date <i>6/4/01</i>
Residence: City	Sicklerville	State	NJ
Country	USA		
Citizenship	USA		
Mailing Address 400 West Monroe Ave.			
Mailing Address			
City	Magnolia	State	NJ
ZIP	08049	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	
Country			
Citizenship			
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	

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060601 060601 060601

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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Dunay, D.
Title	Flexible, Adjustable
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

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Name	Registration Number
Nancy A. Smith	37,943

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

John T. Williams

Signature

John T. Williams

Date

6/4/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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**POWER OF ATTORNEY OR
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Application Number	
Filing Date	
First Named Inventor	Dunay, D.
Title	Flexible, Adjustabl
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

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OR

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SIGNATURE of Applicant or Assignee of Record

Name

Michael J. Prokopus

Signature

Date

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☐ *Total of 4 forms are submitted.

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

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Filing Date

First Named Inventor

Title

Group Art Unit

Examiner Name

Attorney Docket Number

Dunay, D.

Flexible, Adjustabl

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Name	Registration Number
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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
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SIGNATURE of Applicant or Assignee of Record

Name

James G. Furniss

Signature

Date

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Filing Date

First Named Inventor

Dunay, D.

Title

Flexible, Adjustable

Group Art Unit

Examiner Name

Attorney Docket Number

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OR

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Name	Registration Number
Nancy A. Smith, Esq.	37,943

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

David Dunay

Signature

Date

6/04/2001

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